



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
CONSUMER PROTECTION SERVICES

PO Box 329
TRENTON, NJ 08625-0329

RICHARD J. CODEY
Acting Governor

TEL (609) 292-5316 EXT 50552
FAX (609) 984-2792

DONALD BRYAN
Acting Commissioner

Alternative Continuing Education Credit Application

Please fax this form and required documentation to Office of Consumer Protection Services at (609) 984-2792 or
Mail to: Office of Consumer Protection Services, Department of Banking & Insurance, PO Box 329, Trenton, NJ 08625-0529

Legal Name of Licensee: _____

Producer license reference number: _____ Expiration Date of License: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

I certify the attached documentation is true and accurate.

Producer Signature

Date

Reason for alternative credits. Check off the appropriate box and attach requested documentation. Credits cannot be approved without documentation.

- ☐ Passing an examination, which leads to an approved insurance designation. 12 credits for each passed examination. List the designation _____ and provide the passing notice for each course.
- ☐ Successful completion of a college level insurance course. Attach course description as it appears in college catalog and transcript showing successful completion and semester hours granted.
- ☐ Maintaining an insurance designation with its own CE requirements. 48 credits applied if the designation is maintained for the full four year cycle. Please complete CE 1-A form annually to receive 12 credits per year. This form is to be completed by a representative of the designation organization. The form can be obtained through our website or by calling 609-292-5316.
- ☐ Maintaining the continuing education requirements for an insurance producer license in another state. 48 credits awarded for maintaining the requirement for the full four-year cycle. Provide current certification from the insurance department for the state in which you are maintaining your CE requirement.

Visit us on the Web at www.njdobi.org

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